

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on re-
verse side)

Form approved:
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 57528

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Cedar Point AGN Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Und. Vest Ranch Queen

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Unit I, Sec. 27-14S-30E

14. PERMIT NO.

API #30-005-21084

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3948.7' GR

12. COUNTY OR PARISH

Chaves

13. STATE

NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Logs attached

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS: (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Erroneously reported no logs for above well.
Compensated Neutron log was run - two copies attached.

FORMATION TOPS AS FOLLOWS:

Rustler	633
Yates	1638
Seven Rivers	1762
Queen	2402

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE Production Supervisor

DATE 8-23-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side